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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | <b>Application Number</b>   | 09/202,758                    |              |
|  | <b>Filing Date</b>          | December 21, 1998             |              |
|  | <b>First Named Inventor</b> | Gary Anthony Jubb             |              |
|  | <b>Group Art Unit</b>       | 1755                          |              |
|  | <b>Examiner Name</b>        | K. Group                      |              |
| <b>Total Number of Pages in This Submission</b>  |                             | <b>Attorney Docket Number</b> | M8540/185343 |

| ENCLOSURES (check all that apply)  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Response<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><b>Remarks</b> | <input type="checkbox"/> After Allowance Communication to Group<br><br><input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                      |
|--|--------------------------------------|
| <b>Firm or Individual name</b>             | Bruce D. Gray, REg. No. 35,799       |
| <b>Signature</b>                           | <br>23370<br>PATENT TRADEMARK OFFICE |
| <b>Date</b>                                | October 8, 2002                      |

| CERTIFICATE OF MAILING  |                 |             |                 |
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| <b>Typed or printed name</b>  | Angela M. Rossi | <b>Date</b> | October 8, 2002 |
| <b>Signature</b>  |                 | <b>Date</b> | October 8, 2002 |

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1,240.00

## Complete If Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/202,758        |
| Filing Date          | December 21, 1998 |
| First Named Inventor | Gary Anthony JUBB |
| Examiner Name        | K. Group          |
| Group / Art Unit     | 1755              |
| Attorney Docket No.  | M8540/185343      |

| METHOD OF PAYMENT (check all that apply)   |                       | FEE CALCULATION (continued)   |                       |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
|--|-----------------------|---|-----------------------|--|-----------------------|-----------------------|-----------------|----------|-----|--------------------|---------|--------------------|---|-----|--------------------|-----|-----|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|------------------|-------|-----|-------|-----|------------------------|--------------------|-----|------|-----|-----|-----------------------------------|------------------------|--------|-----|-----|-----|---------------------------------------|----|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|-----|-----|----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br>Order<br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number: 11-0855<br>Deposit Account Name: Kilpatrick Stockton LLP<br>The Commissioner is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |                       | <b>3. ADDITIONAL FEES</b> <table><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>920</td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>320</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr></tbody></table> |                       | Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130                | 205     | 65                 |   | 127 | 50                 | 227 | 25  |                   | 139                   | 130                   | 139                   | 130                   |                 | 147              | 2,520 | 147 | 2,520 |     | 112                    | 920*               | 112 | 920* |     | 113 | 1,840*                            | 113                    | 1,840* |     | 115 | 110 | 215                                   | 55 |     | 116 | 400 | 216 | 200  |  | 117 | 920 | 217 | 460 | 920  | 118 | 1,440 | 218 | 720 |  | 128 | 1,960 | 228 | 980 |  | 119 | 320 | 219 | 160 | 320 | 120 | 320 | 220 | 160 |  | 121 | 280 | 221 | 140 |  | 138 | 1,510 | 138 | 1,510 |  | 140 | 110 | 240 | 55 |  | 141 | 1,280 | 241 | 640 |  | 142 | 1,280 | 242 | 640 |  | 143 | 460 | 243 | 230 |  | 144 | 620 | 244 | 310 |  | 122 | 130 | 122 | 130 |  | 123 | 50 | 123 | 50 |  | 126 | 180 | 126 | 180 |  | 581 | 40 | 581 | 40 |  | 146 | 740 | 246 | 370 |  | 149 | 740 | 249 | 370 |  | 179 | 740 | 279 | 370 |  | 169 | 900 | 169 | 900 |  |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$)   | Fee Description       | Fee Paid   |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 105  | 130                   | 205   | 65                    |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 127  | 50                    | 227   | 25                    |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 139  | 130                   | 139   | 130                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 147  | 2,520                 | 147   | 2,520                 |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 112  | 920*                  | 112   | 920*                  |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 113  | 1,840*                | 113   | 1,840*                |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 115  | 110                   | 215   | 55                    |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 116  | 400                   | 216   | 200                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 117  | 920                   | 217   | 460                   | 920  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 118  | 1,440                 | 218   | 720                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 128  | 1,960                 | 228   | 980                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 119  | 320                   | 219   | 160                   | 320  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 120  | 320                   | 220   | 160                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 121  | 280                   | 221   | 140                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 138  | 1,510                 | 138   | 1,510                 |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 140  | 110                   | 240   | 55                    |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 141  | 1,280                 | 241   | 640                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 142  | 1,280                 | 242   | 640                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 143  | 460                   | 243   | 230                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 144  | 620                   | 244   | 310                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 122  | 130                   | 122   | 130                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 123  | 50                    | 123   | 50                    |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 126  | 180                   | 126   | 180                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 581  | 40                    | 581   | 40                    |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 146  | 740                   | 246   | 370                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 149  | 740                   | 249   | 370                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 179  | 740                   | 279   | 370                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 169  | 900                   | 169   | 900                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>1. BASIC FILING FEE</b> <table><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <p>SUBTOTAL (1) (\$ 0)</p>   |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code                                      | Small Entity Fee (\$) | Fee Description       | Fee Paid        | 101      | 740 | 201                | 370     | Utility filing fee |   | 106 | 330                | 206 | 165 | Design filing fee |                       | 107                   | 510                   | 207                   | 255             | Plant filing fee |       | 108 | 740   | 208 | 370                    | Reissue filing fee |     | 114  | 160 | 214 | 80                                | Provisional filing fee |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 101  | 740                   | 201   | 370                   | Utility filing fee   |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 106  | 330                   | 206   | 165                   | Design filing fee  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 107  | 510                   | 207   | 255                   | Plant filing fee   |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 108  | 740                   | 208   | 370                   | Reissue filing fee   |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 114  | 160                   | 214   | 80                    | Provisional filing fee                                     |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>2. EXTRA CLAIM FEES</b> <table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>-20 **</td><td>= 0</td><td>X</td><td>= 0</td></tr><tr><td>Independent Claims</td><td>= -3 **</td><td>= 0</td><td>X</td><td>= 0</td></tr><tr><td>Multiple Dependent</td><td></td><td>X</td><td>= 0</td></tr></tbody></table> <table><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue Independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> <p>SUBTOTAL (2) (\$ 0)</p> |                       | Total Claims  | Extra Claims          | Fee from below   | Fee Paid              | -20 **                | = 0             | X        | = 0 | Independent Claims | = -3 ** | = 0                | X | = 0 | Multiple Dependent |     | X   | = 0               | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid         | 103   | 18  | 203   | 9   | Claims in excess of 20 |                    | 102 | 84   | 202 | 42  | Independent claims in excess of 3 |                        | 104    | 280 | 204 | 140 | Multiple dependent claim, if not paid |    | 109 | 84  | 209 | 42  | ** Reissue Independent claims over original patent |  | 110 | 18  | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Total Claims   | Extra Claims          | Fee from below  | Fee Paid              |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| -20 **   | = 0                   | X   | = 0                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Independent Claims   | = -3 **               | = 0   | X                     | = 0  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Multiple Dependent   |                       | X   | = 0                   |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 103  | 18                    | 203   | 9                     | Claims in excess of 20                                     |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 102  | 84                    | 202   | 42                    | Independent claims in excess of 3                          |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 104  | 280                   | 204   | 140                   | Multiple dependent claim, if not paid                      |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 109  | 84                    | 209   | 42                    | ** Reissue Independent claims over original patent         |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 110  | 18                    | 210   | 9                     | ** Reissue claims in excess of 20 and over original patent |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| **or number previously paid, if greater; For Reissues, see above   |                       | Other fee (specify) _____<br>*Reduced by Basic Filing Fee Paid<br>SUBTOTAL (3) (\$ 1,240.00)  |                       |  |                       |                       |                 |          |     |                    |         |                    |   |     |                    |     |     |                   |                       |                       |                       |                       |                 |                  |       |     |       |     |                        |                    |     |      |     |     |                                   |                        |        |     |     |     |                                       |    |     |     |     |     |  |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |     |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |

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|                   |               | Date                             | October 8, 2002 |

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